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**UTILITY
PATENT APPLICATION
TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR 1.53(b))

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents

- Fee Transmittal Form (e.g., PTO/SB/17)**
(Submit an original and a duplicate for fee processing)
- Applicant claims small entity status.**
See 37 CFR 1.27
- Specification [Total Pages 98]**
(preferred arrangement set forth below)
 - Descriptive title of the invention
 - Cross Reference to Related Applications
 - Statement Regarding Fed sponsored R & D
 - Reference to sequence listing, a table, or a computer program listing appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings (*if filed*)
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure
- Drawing(s) (35 U.S.C. 113) Figs. 1-31** *[Total Sheets 31]*
- Oath or Declaration [Total Sheets 4]**
 - Newly executed (original or copy)
 - Copy from a prior application (37 CFR 1.63(d))
(for continuation/divisional with Box 18 completed)
 - DELETION OF INVENTOR(S)**
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b)
- Application Data Sheet** See 37 CFR 1.76

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76.

Continuation Divisional Continuation-in-part (CIP) of prior application No _____ / _____

Prior application information

Examiner _____

Fig. 11. 22

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number or Bar Code Label	22204	or <input checked="" type="checkbox"/> Correspondence address below
(Insert Customer No. or Attach bar code label here)		
Name	Jeffrey L. Costellia	
Address	NIXON PEABODY LLP 8180 Greensboro Drive, Suite 800	
City	McLean	State VA Zip Code 22102
Country	United States Telephone (703) 790-9110	Fax (703) 883-0370
Name (Print/Type)	Jeffrey L. Costellia	Registration No. (Attorney/Agent) 35 483
Signature		Date 

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments or the amount of time you are required to complete this form should be sent to the Chief Information Officer, US Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, US Patent Application, Washington, DC 20231.

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FEE TRANSMITTAL FOR FY 2001

Patent fees are subject to annual revision

TOTAL AMOUNT OF PAYMENT (\$ 2398.00)

METHOD OF PAYMENT

The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to

Deposit Account Number

19-2380 (756-2317)

Deposit Account Name
NIXON PEABODY LLP
8180 Greens Drive Suite 800
McLean, Va. 22102

Charge Any Additional Fee Required
Under 37 CFR 1.16 and 1.17

Applicant claims small entity status.
See 37 CFR 1.27

2. Payment Enclosed:

Check Credit Card Money Order Other

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
101	710	201	355 Utility filing fee
106	320	206	160 Design filing fee
107	490	207	245 Plant filing fee
108	710	208	355 Reissue filing fee
114	150	214	75 Provisional filing fee
SUBTOTAL (1)			\$ 710.00

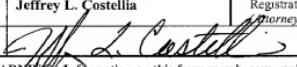
2. EXTRA CLAIM FEES

Extra Claims below			Fee Paid
Total Claims	76	-20** =	56 X 18.00 = 1008.00
Independent Claims	11	-3*** =	8 X 80.00 = 640.00
Multiple Dependent			=

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
103	18	203	9 Claims in excess of 20
102	80	202	40 Independent claims in excess of 3
104	270	204	135 Multiple dependent claims if not paid
109	80	209	40 ** Reissue independent claims over original patent
110	18	210	9 ** Reissue claims in excess of 20 and over original patent
SUBTOTAL (2)			\$ 1648.00

**or number previously paid, if greater. For Reissues, see above

SUBMITTED BY

Name (Print/Type)	Jeffrey L. Costellia	Registration No. (Attorney/Agent)	35,483	Telephone	(703) 790-9110
Signature					
Date	5/25/01				

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